

Exhibit A

09-50026-mg Doc 14112-2 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
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| | |
|---|---|
| Fill in this information to identify the case: | |
| Debtor 1 | Motors Liquidation Company, et al. f/k/a General Motors G |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number | 09-50026 (REG) |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|---|---|--|
| 1. Who is the current creditor? | Bertha Brown Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code Contact phone 713-850-4200 Contact email Lnorman@andrewsmyers.com | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____/_____/_____ | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|--|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? \$ <u>unliquidated</u> | Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ |
| | Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) |
| | Amount necessary to cure any default as of the date of the petition: \$ _____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|---|---|-----------------------------|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No | Amount entitled to priority |
| | <input type="checkbox"/> Yes. Check one: | |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Brown |
| First Name of Claimant | Bertha |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Smith, TX |
| Accident Description | 4 car accident- it was raining and sheets were slick, client rear ended car in front of her |
| Injury Description | 20 cracked teeth, dislocated shoulder and hip, herniated disc. |
| Airbag Deployed | No |
| Date of Injury | 04/17/2009 |
| Year and Model of Vehicle | 2004 Chevrolet Classic (Malibu) |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | No |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

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Fill in this information to identify the case:

| | |
|---|---|
| Debtor 1 | Motors Liquidation Company, et al. f/k/a General Motors  |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number 09-50026 (REG) | |

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Proof of Claim

04/16

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|---|---|--|
| 1. Who is the current creditor? | Kathryn Enders Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code Contact phone 713-850-4200 Contact email Lnorman@andrewsmyers.com | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

09-50026-mg Doc 14018-4 Filed 07/28/17 Entered 07/28/17 17:59:24 Exhibit Ex
B3 (POCs 33-48) Pg 20 of 48

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$unliquidated. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$_____

Amount of the claim that is secured: \$_____

Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$_____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$_____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/21/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | <u>Lisa M. Norman</u> | | |
| | First name | Middle name | Last name |
| Title | <u>Attorney</u> | | |
| Company | <u>Andrews Myers, PC</u> | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | <u>1885 St. James Place, 15th Floor</u> | | |
| | Number | Street | |
| | <u>Houston</u> | | <u>TX</u> |
| | City | State | ZIP Code |
| Contact phone | <u>713-850-4200</u> | | Email <u>Lnorman@andrewsmyers.com</u> |

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| | |
|---|--|
| Fill in this information to identify the case: | |
| Debtor 1 | Motors Liquidation Company, et al. f/k/a General Motors G1 |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number 09-50026 (REG) | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|---|---|--|
| 1. Who is the current creditor? | Joann Donato Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code Contact phone 713-850-4200 Contact email Lnorman@andrewsmyers.com | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>unliquidated</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ |
| | Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$_____ |
| | Amount of the claim that is secured: \$_____ |
| | Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.) |
| | Amount necessary to cure any default as of the date of the petition: \$_____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$_____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|---|--|--|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check one: | |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ | |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ | |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ | |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ | |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ | |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____ | |

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18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
 MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | TX | 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Donato |
| First Name of Claimant | Joann |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Suffolk, NY |
| Accident Description | Other driver was distracted and ran a red light |
| Injury Description | Neck and back injury that required surgery |
| Airbag Deployed | No |
| Date of Injury | 07/18/2005 |
| Year and Model of Vehicle | 2004 Saturn Ion |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | No |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

09-50026-mg Doc 14112-3 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
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Fill in this information to identify the case:

| | |
|---|--|
| Debtor 1 | <u>Motors Liquidation Company, et al. f/k/a General Motors G</u> |
| Debtor 2 (Spouse, if filing) | _____ |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number <u>09-50026 (REG)</u> | |

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Proof of Claim

04/16

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Part 1: Identify the Claim

| | | | |
|--|---|--|--|
| 1. Who is the current creditor? | <u>Rodney Gentry</u> Name of the current creditor (the person or entity to be paid for this claim) | | |
| | Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code <u>713-850-4200</u> Contact phone _____ <u>Lnorman@andrewsmyers.com</u> Contact email _____ | | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u> | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

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| | | |
|---|---|--|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check one: | |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ | |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ | |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ | |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ | |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ | |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____ | |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | <u>Lisa M. Norman</u> | | |
| | First name | Middle name | Last name |
| Title | <u>Attorney</u> | | |
| Company | <u>Andrews Myers, PC</u> | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | <u>1885 St. James Place, 15th Floor</u> | | |
| | Number | Street | |
| | <u>Houston</u> | | <u>TX</u> |
| | City | State | ZIP Code |
| Contact phone | <u>713-850-4200</u> | | Email <u>Lnorman@andrewsmyers.com</u> |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Gentry |
| First Name of Claimant | Rodney |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Schoolcraft, MI |
| Accident Description | Client and son were driving when they hit black ice and slid into nearby trees. |
| Injury Description | Severe concussion, traumatic brain injury, non responsive at scene. |
| Airbag Deployed | No |
| Date of Injury | 01/31/2008 |
| Year and Model of Vehicle | 2004 Cadillac CTS |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | No. |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

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| | |
|---|--|
| Fill in this information to identify the case: | |
| Debtor 1 | Motors Liquidation Company, et al. f/k/a General Motors GP |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number 09-50026 (REG) | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| Part 1: Identify the Claim | | |
|--|--|--|
| 1. Who is the current creditor? | Chas Grant Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name _____ 1885 St. James Place, 15th Floor Number Street _____ Houston TX 77056 City State ZIP Code _____ Contact phone 713-850-4200 Contact email Lnorman@andrewsmyers.com | Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): - - - - - | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ | Filed on MM / DD / YYYY |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) |
| | Amount necessary to cure any default as of the date of the petition: \$ _____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|---|--|--|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check one: | |
| | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ | |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ | |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ | |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ | |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ | |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____ | |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email <u>Lnorman@andrewsmyers.com</u> |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Grant |
| First Name of Claimant | Chas |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Reno, NV |
| Accident Description | Client was passenger, taking a potential car buyer on test drive, involved in 5 car pile up. Client was middle car in pile up. |
| Injury Description | 20 cracked teeth, dislocated shoulder and hip, herniated disc. |
| Airbag Deployed | No |
| Date of Injury | 08/26/2006 |
| Year and Model of Vehicle | 1996 Pontiac Grand Am |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | Yes. Client received compensation for accident and medical bills. Attorney Jonathan Whitehead |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

09-50026-mg Doc 14112-4 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
B-3 Pg 9 of 61**Fill in this information to identify the case:**Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors GDebtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)**Official Form 410****Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|---|--|--|
| 1. Who is the current creditor? | <u>Melinda Lynch</u> Name of the current creditor (the person or entity to be paid for this claim) | | |
| | Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name _____ <u>1885 St. James Place, 15th Floor</u> Number _____ Street _____ <u>Houston TX 77056</u> City _____ State _____ ZIP Code _____ | Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |
| | Contact phone <u>713-850-4200</u> | Contact phone _____ | |
| | Contact email <u>Lnorman@andrewsmyers.com</u> | Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated. Does this amount include interest or other charges?
 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

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| | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------------------|--|--|--|----------|--|----------|---|----------|--|----------|--|----------|--|----------|
| <p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> | <table border="0"> <tr> <td><input checked="" type="checkbox"/> No</td> <td style="text-align: right;">Amount entitled to priority</td> </tr> <tr> <td><input type="checkbox"/> Yes. Check one:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | <input checked="" type="checkbox"/> No | Amount entitled to priority | <input type="checkbox"/> Yes. Check one: | | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |
| <input checked="" type="checkbox"/> No | Amount entitled to priority | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes. Check one: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ | | | | | | | | | | | | | | | | |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---|----------------------------------|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| Identify the corporate servicer as the company if the authorized agent is a servicer. | | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

09-50026-mg Doc 14112-4 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Lynch |
| First Name of Claimant | Melinda |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Plano, TX |
| Accident Description | Traveling on Legacy and Preston Meadow with husband and 3 kids, client was in passenger side front seat. Person ran a red light and hit the passenger side of vehicle causing it to spin and hit a fire hydrant on passenger side. Jaws of life to remove client from car. |
| Injury Description | Brain injury, spine injuries, multiple surgeries: Cervical Spine Fusion from C3- T2 |
| Airbag Deployed | No |
| Date of Injury | 11/24/2002 |
| Year and Model of Vehicle | 2002 Cadillac Deville DTS |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | Yes, recover money for medical bills. Lawyer Lynn McGrew. |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

09-50026-mg Doc 14112-4 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
B-3 Pg 13 of 61**Fill in this information to identify the case:**Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors GDebtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)**Official Form 410****Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|--|--|--|
| 1. Who is the current creditor? | <u>Louella Martinez</u> Name of the current creditor (the person or entity to be paid for this claim) | | |
| | Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code | |
| | Contact phone <u>713-850-4200</u> | Contact phone _____ | |
| | Contact email <u>Lnorman@andrewsmyers.com</u> | Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | <u>Unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Personal injury claim - ignition switch</u> |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ |
| | Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) |
| | Amount necessary to cure any default as of the date of the petition: \$ _____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|---|--|--|
| <p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check one: <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____ | |
|---|--|--|

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---|----------------------------------|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| Identify the corporate servicer as the company if the authorized agent is a servicer. | | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Martinez |
| First Name of Claimant | Louella |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Las Alamos, NM |
| Accident Description | Client was driving on the freeway when a man walked out in front of her. She avoided hitting him but hit an embankment of dirt and rolled her vehicle 4 times. |
| Injury Description | Had pins put in 4 of her fingers, all nerves severed in left hand |
| Airbag Deployed | No |
| Date of Injury | 03/15/2008 |
| Year and Model of Vehicle | * Pontiac Grand Prix |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | * |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

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| | |
|---|--|
| Fill in this information to identify the case: | |
| Debtor 1 | <u>Motors Liquidation Company, et al. f/k/a General Motors G</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number <u>09-50026 (REG)</u> | |

Official Form 410**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| Part 1: Identify the Claim | | | | | |
|---|--|--|--|---|--|
| 1. Who is the current creditor? | <u>John McDonough</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <table border="0"> <tr> <td>Where should notices to the creditor be sent?</td> <td>Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td><u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u></td> <td> Name Number Street City State ZIP Code Contact phone _____ Contact email _____</td> </tr> </table> | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> | Name Number Street City State ZIP Code Contact phone _____ Contact email _____ |
| Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | | | | |
| <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u> | Name Number Street City State ZIP Code Contact phone _____ Contact email _____ | | | | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u> | | | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|--|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>unliquidated</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|---|---|-----------------------------|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No | Amount entitled to priority |
| | <input type="checkbox"/> Yes. Check one: | |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | <u>Lisa M. Norman</u> | | |
| | First name | Middle name | Last name |
| Title | <u>Attorney</u> | | |
| Company | <u>Andrews Myers, PC</u> | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | <u>1885 St. James Place, 15th Floor</u> | | |
| | Number | Street | |
| | <u>Houston</u> | | <u>TX</u> |
| | City | State | ZIP Code |
| Contact phone | <u>713-850-4200</u> | | Email <u>Lnorman@andrewsmyers.com</u> |

09-50026-mg Doc 14112-4 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | McDonough |
| First Name of Claimant | John |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Beaufort, SC |
| Accident Description | Client was rear ended by someone going more than 50 miles per hour which caused him to hit the vehicle in front of him |
| Injury Description | Head trauma, mouth and spine injured |
| Airbag Deployed | No |
| Date of Injury | 03/03/1998 |
| Year and Model of Vehicle | |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

09-50026-mg Doc 14018-7 Filed 07/28/17 Entered 07/28/17 17:59:24 Exhibit Ex
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| | |
|---|---|
| Fill in this information to identify the case: | |
| Debtor 1 | <u>Motors Liquidation Company, et al. f/k/a General Motors G+</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number <u>09-50026 (REG)</u> | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Ruby Merritt

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

No

Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Where should payments to the creditor be sent? (if different)

Name _____

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name _____

1885 St. James Place, 15th Floor

Number Street _____

Houston TX 77056

City State ZIP Code _____

Number Street _____

City State ZIP Code _____

Contact phone 713-850-4200

Contact phone _____

Contact email Lnorman@andrewsmyers.com

Contact email _____

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) _____

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? _____

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B6 (POCs 84-96) Pg 44 of 48

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ unliquidated. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

09-50026-mg Doc 14018-7 Filed 07/28/17 Entered 07/28/17 17:59:24 Exhibit Ex
B6 (POCs 84-96) Pg 45 of 48**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

 No Yes. Check one:

| | |
|---|----------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/21/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | <u>Lisa M. Norman</u> | | |
| | First name | Middle name | Last name |
| Title | <u>Attorney</u> | | |
| Company | <u>Andrews Myers, PC</u> | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | <u>1885 St. James Place, 15th Floor</u> | | |
| | Number | Street | |
| | <u>Houston</u> | | <u>TX</u> |
| | City | State | ZIP Code |
| Contact phone | <u>713-850-4200</u> | | Email <u>Lnorman@andrewsmyers.com</u> |

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| | |
|---|---|
| Fill in this information to identify the case: | |
| Debtor 1 | Motors Liquidation Company, et al. f/k/a General Motors G |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number 09-50026 (REG) | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|---|--|---|--|
| 1. Who is the current creditor? | David Pier | | |
| | Name of the current creditor (the person or entity to be paid for this claim) | | |
| | Other names the creditor used with the debtor | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? | | |
| 3. Where should notices and payments to the creditor be sent? | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | |
| Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Andrews Myers, PC - ATTN: Lisa M. Norman | | |
| | Name | Name | |
| | 1885 St. James Place, 15th Floor | | |
| | Number Street | Number Street | |
| | Houston TX 77056 | City State ZIP Code | |
| | Contact phone 713-850-4200 | Contact phone | |
| | Contact email Lnorman@andrewsmyers.com | Contact email | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ |
| | Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) |
| | Amount necessary to cure any default as of the date of the petition: \$ _____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

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| | | |
|--|--|--|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check one: | |
| | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ | |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ | |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____ | |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ | |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ | |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____ | |
| <small>* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</small> | | |

Part 3: Sign Below

**The person completing this proof of claim must sign and date it.
FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
 MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|--|----------------------------------|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| Identify the corporate servicer as the company if the authorized agent is a servicer | | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Pier |
| First Name of Claimant | David |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Suffolk, VA |
| Accident Description | Son of claimant, Joshua, fell asleep while driving, veered off the road and hit a tree |
| Injury Description | Left broken femur, lacerated aorta, died as a result of his injuries |
| Airbag Deployed | No |
| Date of Injury | 01/16/2005 |
| Year and Model of Vehicle | 1997 Pontiac Grand Am |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | No |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |

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Fill in this information to identify the case:

| | |
|---|--|
| Debtor 1 | <u>Motors Liquidation Company, et al. f/k/a General Motors G</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of New York | |
| Case number <u>09-50026 (REG)</u> | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Sandra Samuels

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

No

Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston TX 77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) _____

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$unliquidated. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Personal injury claim - ignition switch

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$_____

Amount of the claim that is secured: \$_____

Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$_____

Annual Interest Rate (when case was filed) %

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$_____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No Yes. Check one:

| | |
|---|----------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/21/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---|----------------------------------|-------------|--|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| Identify the corporate servicer as the company if the authorized agent is a servicer. | | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| Contact phone | 713-850-4200 | | Email Lnorman@andrewsmyers.com |

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Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | | |
|--|--|--|--|
| 1. Who is the current creditor? | <u>Shakiria Stephenson</u> Name of the current creditor (the person or entity to be paid for this claim) | | |
| | Other names the creditor used with the debtor _____ | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code | Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code | |
| | Contact phone <u>713-850-4200</u> | Contact phone _____ | |
| | Contact email <u>Lnorman@andrewsmyers.com</u> | Contact email _____ | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): ----- | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ / _____ / _____ | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | |

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>unliquidated</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) |
| | Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ |
| | Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

09-50026-mg Doc 14112-5 Filed 09/19/17 Entered 09/19/17 19:54:12 Exhibit Ex
B-4 Pg 51 of 56**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

No
 Yes. Check one:

Amount entitled to priority

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
 MM / DD / YYYY

/s/ Lisa M. Norman

Signature

Print the name of the person who is completing and signing this claim:

| | | | |
|---------------|---|-------------|---------------------------------------|
| Name | Lisa M. Norman | | |
| | First name | Middle name | Last name |
| Title | Attorney | | |
| Company | Andrews Myers, PC | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | 1885 St. James Place, 15th Floor | | |
| | Number | Street | |
| | Houston | | TX 77056 |
| | City | State | ZIP Code |
| Contact phone | 713-850-4200 | | Email <u>Lnorman@andrewsmyers.com</u> |

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PROOF OF CLAIM SUMMARY

| | |
|--|---|
| Last Name of Claimant | Stephenson |
| First Name of Claimant | Shakiria |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Hillsboro, FL |
| Accident Description | Client skidded off the road and the vehicle rolled several times |
| Injury Description | Broken collarbone |
| Airbag Deployed | No |
| Date of Injury | 00/00/2007 |
| Year and Model of Vehicle | 2004 Saturn Ion |
| Amount of Claim | To be determined (unliquidated) |
| Prior or Current Litigation | No. |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |